

MAR - 1 2012

Please type or print in ink.

2012 MAR - 1 PM 4:49

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hernandez Edward P.

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

District 24

Your Position

State Senator

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that the information and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/12  
(month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Edward P. Hernandez, O.D.</u>

**▶ 1. BUSINESS ENTITY OR TRUST**

Edward P. Hernandez, O.D.

Name

15330 Amar Road, Suite A, La Puente, CA 91744

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Optometry Practice

**FAIR MARKET VALUE**

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

     /      / 11

ACQUIRED

     /      / 11

DISPOSED

**NATURE OF INVESTMENT**

☒ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

Vision Service Plan; Medi-Cal; Medi-Care

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

     /      / 11

ACQUIRED

     /      / 11

DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Diane M. Hernandez, O.D.

Name

1235 Buena Vista, Duarte, CA 91010

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Optometry Practice

**FAIR MARKET VALUE**

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

     /      / 11

ACQUIRED

     /      / 11

DISPOSED

**NATURE OF INVESTMENT**

☒ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION Spouse-Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

Vision Service Plan; Medi-Cal; Medi-Care

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

     /      / 11

ACQUIRED

     /      / 11

DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Edward P. Hernandez, O.D.</u>

<b>1. BUSINESS ENTITY OR TRUST</b>	
<u>Hernandez Family Properties, LLC</u>	
Name <u>4137 N. Maine Avenue, Baldwin Park, CA 91706</u>	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> <u>Real Estate Investment</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC Other _____	
YOUR BUSINESS POSITION <u>Owner/President</u>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>
<u>See Attached</u>

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property  <u>15330 Amar Road, Suite A, La Puente, CA 91744</u>	
Description of Business Activity or City or Other Precise Location of Real Property  <u>15330 Amar Road, Suite A, La Puente, CA 91744</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership  <input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____ Yrs. remaining _____	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
<u>Hernandez Family Properties, LLC (cont.)</u>	
Name 	
Address (Business Address Acceptable) 	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> 	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____ Other _____	
YOUR BUSINESS POSITION _____	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property  <u>4137 N. Maine Avenue, Baldwin Park, CA 91706</u>	
Description of Business Activity or City or Other Precise Location of Real Property  <u>4137 N. Maine Avenue, Baldwin Park, CA 91706</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership  <input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____ Yrs. remaining _____	
<input checked="" type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Edward P. Hernandez, O.D.

<b>1. BUSINESS ENTITY OR TRUST</b>	
Hernandez Family Properties, LLC (cont.)	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
1235 Buena Vista, Duarte, CA 91010	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments:

**SCHEDULE D**  
**Income – Gifts**

Name

Edward P. Hernandez, O.D.

► NAME OF SOURCE

United Health Group

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1020, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 19 / 11	\$ 7.00	Refreshments
5 / 10 / 11	\$ 22.71	Lunch
6 / 27 / 11	\$ 35.00	Dinner

► NAME OF SOURCE

Foothill Transit

ADDRESS (Business Address Acceptable)

100 S. Vincent Ave, Ste 200, West Covina, CA 91790

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 21 / 11	\$ 120.00	Tickets for Irwindale
/ /	\$	Chamber Banquet
/ /	\$	

► NAME OF SOURCE

California Grape & Tree Fruit League

ADDRESS (Business Address Acceptable)

978 W. Alluvial, Suite 107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agricultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 11	\$ 229.74	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 19 / 11	\$ 195.32	Meals/Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Medical Association

ADDRESS (Business Address Acceptable)

1201 J Street, Suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 12 / 11	\$ 76.60	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

eHealth, Inc.

ADDRESS (Business Address Acceptable)

440 E. Middlefield Road, Mountain View, CA 94043

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 1 / 11	\$ 52.54	Dinner
/ /	\$	
/ /	\$	

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Edward P. Hernandez
--

► NAME OF SOURCE  
Dr. Carmen Puliafito

ADDRESS (Business Address Acceptable)  
500 Keith/Mayer Bldg., Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 9 / 11	\$ 300.00	Book
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
Los Angeles Newspaper Group

ADDRESS (Business Address Acceptable)  
21860 Burbank Blvd, #200 Woodland Hills, CA 91367

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 1 / 11	\$ 176.00	Tickets - Rose Bowl
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
California Healthcare Institute

ADDRESS (Business Address Acceptable)  
888 Prospect Street, Suite 220, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 118.11	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
California Independent Petroleum Association

ADDRESS (Business Address Acceptable)  
1001 K Street, 6th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 1 / 11	\$ 269.34	Golf
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
BayBio

ADDRESS (Business Address Acceptable)  
400 Oyster Point Blvd., #221, S. San Fran, CA 94080

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 118.11	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Edward P. Hernandez, O.D.

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonproft 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

California Independent Petroleum Association

ADDRESS (Business Address Acceptable)

1001 K Street, 6th Floor

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Energy

DATE(S): 11 / 30 / 11 - 12 / 1 / 11 AMT: \$ 676.71  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments:

**Edward P. Hernandez, O.D.**  
**2011/2012 Annual Form 700**  
**Schedule A-2, Hernandez Family Properties, LLC**  
**Section 3**

Wok Express, Amar Road, La Puente, CA  
Edward P. Hernandez, O.D. Optometry Practice, Amar Road, Suite A, La Puente, CA  
Diane M. Hernandez, O.D. Optometry Practice, Buena Vista, Duarte, CA  
Kaiser Permanente, N. Maine Avenue, Baldwin Park, CA  
Dr. Vijay, N. Maine Avenue, Baldwin Park, CA